Care UK Community Partnerships Limited

Ponteland Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The unannounced inspection took place on 4 and 9 March 2015. We last inspected Ponteland Manor on 18 August 2014. At that inspection we found the service was not meeting all the regulations that we inspected. We asked the provider to take action to make improvements to the way care was planned and delivered and how staff were supported to deliver care and treatment safely. These actions had been completed.

Ponteland Manor provides residential care for up to 52 people, some of whom are living with dementia. At the time of our inspection there were 43 people living at the home.

The service did not have a registered manager in post. While they were recruiting to the post, an interim manager was in position. The last registered manager left their employment at the end of November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the management of medicines required improvement. For example, people had not always received their medicines as prescribed, unauthorised people had access to the medicines room and people were not appropriately monitored while they took their medicines.

Risk assessments related to people's care were completed accurately, which meant people were kept safe. Care records were reviewed regularly. Accidents and incidents were recorded and monitored to ensure lessons were learnt.

People were respected and cared for individually. People told us they felt safe. One person said, "Of course I feel safe, I wouldn't stay here if I didn't feel safe."

Staff understood safeguarding procedures and told us about what they would do if an incident of concern happened. We felt satisfied staff would have no hesitation in reporting any safeguarding issues that may arise at the home.

We found the service to be clean, tidy and odour free with maintenance kept to a good standard.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and DoLS. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. Applications to the local authority had been made where a DoLS was required.

People told us they felt there was enough staff to look after them. The manager monitored staffing levels to ensure enough trained staff were available to meet people's needs. The manager had procedures in place to ensure any staff recruited were suitable to work within the home. There was a training programme in place and staff development was monitored by the manager to ensure they had up to date knowledge and any training needs were met.

People were offered a selection of food types and told us they enjoyed what was offered. People told us they had a choice and we saw evidence of that on the day we inspected. One person told us, "I am more than happy with the meals prepared."

We saw people being offered support if it was required and care staff did this in a way which retained the dignity of the people they were caring for. Care staff were seen to be kind and considerate. They also respected the views of the people they cared for. One person told us, "It's lovely living here, so pleasant and staff are most caring." A relative told us, "They [staff] are absolutely fabulous, they have taken the worry away for me." We found a positive attitude to caring from all the staff we had contact with during our inspection.

People told us they had choice. We saw people choosing what meals and drinks they would like. One person said, "I like to get up late, I should be able to at my age."

People were able to participate in activities. The manager told us a new activity coordinator had just been employed and was devising a new programme of activities and events for people to participate in.

People and their relatives knew how to complain. They told us they were able to meet with the manager and staff at any time and were able to give feedback about the home. People and relatives thought staff listened to them and helped them bring about positive change.

The provider had systems in place to monitor the quality of the service provided. When issues or shortfalls were identified, we saw actions had been taken.

There was information on display around the service, including information on dementia, advocacy, and other general information.

We found one breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach is in connection with medicines. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

We found that staff were not always following safe procedures in medicines management.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. Emergency procedures were in place to keep people safe.

All accidents and incidents were recorded and monitored and any risks had been assessed appropriately.

There was enough staff to respond to the needs of people and recruitment procedures were in place to ensure suitable staff were employed.

Requires Improvement

Is the service effective?
The service was effective.

Staff were skilled, knowledgeable and were supported by their line manager.

The manager and staff were aware of the Mental Capacity Act 2005 and of the Deprivation of Liberty Safeguards (DoLS) and worked within the legal guidelines of the act.

People were supported with a healthy diet and to remain hydrated, with special diets being prepared for those that needed them.

Good

Is the service caring?
The service was caring.

People and their relatives felt staff were caring. We saw people being treated as individuals with respect and dignity and during care delivery they were not rushed.

People and their relatives felt involved in the service.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved regarding people's care needs and people had choice in their day to day lives.

The provider had a new activity coordinator who had a programme of stimulating activities for people to participate in.

The services complaints procedure was available and on display within the service. People and their relatives were aware of how to complain if they needed to.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider had a quality assurance programme and where actions were identified, they were monitored and tasks followed through to completion.

The service had an interim manager and the provider was in the process of recruiting to the position of registered manager. Staff told us the interim manager was supportive and could be approached at any time for advice.

Meetings and surveys were completed with people, relatives and staff to improve the operation of the service. A newsletter was in the process of being developed which would go out to people, their relatives and be on display within the service.

Ponteland Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 9 March 2015 and was unannounced. The inspection was carried out by one inspector, one expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who specialises in a particular area of health and social care. In this instance the specialist advisor was a pharmacist who focused on medicines.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the PIR and other information we held about the home, including the notifications we had received from the provider about deaths, deprivation of liberty applications and serious injuries. We also contacted the local authority commissioners for the service, the local Healthwatch, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. On the day of our inspection we spoke with a community nurse who was visiting the home.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 21 people who used the service and nine family members. We also spoke with the manager, the deputy manager, and 11 other members of staff. We observed how staff interacted with people and looked at a range of care records which included the care records for seven of the 43 people who used the service, medicines records for 20 people and recruitment records for six staff.

We looked at staff rotas, handover documents, maintenance records, survey information, health and safety records and information, quality assurance checks and compliments and complaints.

Following the inspection visit we asked the provider to send us additional information. For example, a copy of their medicines policy, audit tools and training and supervision matrix's. They did this within the agreed timescales.

Requires Improvement

Is the service safe?

Our findings

We raised some concerns about the management of medicines at the service. We saw one person had a container with nine various tablets on her bedside tray and there was no water in her glass or jug to assist with taking this medicine. We asked the resident about the tablets and she told us, "I take some at lunch time, some at night time and so on." We asked her about water and she said, "They will bring some soon." We noted the person's medicines administration record (MAR) had been completed to show they had been 'taken as prescribed' and it had been signed as given by staff. This meant staff were signing to indicate people had taken their medicine when in fact they may not have. We asked a member of staff about this and they told us the person preferred to have their medicines that way. We discussed this with the manager, who told us she would look into the matter immediately. We were later told updated care plans and risk assessments had been put in place and this would not happen again.

Medicines were administered while people had their breakfast. One person had a degree of swallowing difficulties and was administered their medicines mixed with Weetabix. We saw no evidence on their care records from a pharmacist or GP that explained taking their medicine this way was appropriate or in their best interests. One person who was prescribed insulin had this given to them after breakfast when their records stated it should have been given before breakfast. We discussed this with the nurse who told us this was a mistake and would not happen again.

During the inspection we observed the medicine room being used by a health care professional to speak with relatives. The medicine room contained medicines for all parts of the service, as well as containing people's personal records. This meant both relatives and healthcare professionals had access to medicines and confidential information. We brought this to the attention of the manager who said they would look into the matter.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted a coded keypad was in place for the medicines room. We asked staff if the code was ever changed and they told us they were not aware of it being changed. One nurse confirmed it should really be updated regularly.

All MAR's were completed correctly with no gaps. People's allergy status was recorded and recent photographs of people were available to support staff in giving people their medicines. We checked the controlled drugs at the service and these were stored securely and were administered and recorded appropriately. Controlled drugs are prescribed medicines used to treat severe pain for example, and they are subject to stricter controls.

All of the people we spoke with said they felt safe and had never had any concerns about their safety or the safety of their personal goods. Comments they made included; "Of course I feel safe, I wouldn't stay here if I didn't feel safe"; "Staff check you are alright every couple of hours"; "Very safe living here," and "I am not worried at all about safety."

Relatives said they felt their family members were safe. One relative told us, "It's the safest they have been for some time." Another relative said, "Yes, very safe. I would not stand for anything less."

A relative we spoke with told us; "The layout of the home is great. It keeps [person's name] safe and secure but still has that homely feel." We saw risks assessments within the environment had been completed to protect people from avoidable harm. External doors and windows were secure and access to the service could only be gained through the main reception area.

We found that, although there was only one place to enter the service, this was not protected by any security measures. On our arrival on the first day of inspection, we were able to walk straight into the service unchecked. We spent ten minutes wandering around the service before a member of kitchen staff stopped us and asked if they could help. We noted concerns about this issue had been raised through the relative's meetings that had taken place. The manager told us a secure locking system would be fitted to the main door immediately. When we returned for day two of the inspection, there was no lock fitted. The manager told us it had been requested and would be fitted within the next few weeks.

The premises were clean and tidy with no unpleasant odours. There were arrangements in place to manage the premises and equipment. Where any maintenance issues

Requires Improvement

Is the service safe?

were identified, these were dealt with quickly. Fire checks and drills were carried out in accordance with fire regulations and regular testing of electrical equipment was carried out. There was evidence of regular servicing and testing of moving and handling equipment. We received confirmation from the local fire service that Ponteland Manor was meeting all of the statutory fire safety regulations.

Staff knew what procedures to follow if they suspected any type of abuse. Training records confirmed staff had received safeguarding training and there were policies and procedures in place related to safeguarding and whistleblowing to support staff. One care worker told us, "If I thought something funny was going on, I would report it, these people are like our family." When we asked people what they would do if they saw or experienced anything they thought was not right, they all told us they would tell a member of staff.

Risk assessments were in place for individuals and for risk in general, for example 'trips in the kitchen' or 'violence and aggression'. These had been reviewed regularly and monitored for any changes. The service had emergency and local contingency plans in place. These included the personal emergency evacuation plans for people in the building, which would be used to support staff and emergency services to evacuate should, for example, a fire or flood occur.

Accidents and incidents were recorded and monitored. Individual analysis was completed for each person and both the manager and the provider monitored this information and reacted to any concerns. We noted one person had been referred to the falls team after they had fallen a number of times. This meant the provider protected people's safety and their exposure to further risk by robust monitoring of accidents and incidents.

When we asked people about staffing and staffing levels, we received mixed views. Seven people told us there had been past shortages of staff and calls for support had not always been answered as quickly as they should have been. One person told us, "I don't like the agency staff, I don't know them and they don't know me." Another person told us he was aware of staff shortages a few weeks ago and it had a 'small impact on daily routines but that he was not too concerned.' Another person told us, "The manager makes sure there is enough staff to look after us, I have never had problems." We noticed the staffing levels for the upper floor had been increased recently to cater for people's changing needs.

We reviewed four weeks of staffing rotas and saw suitable numbers of staff had been rostered. We checked this against the signing in sheets for the same period which confirmed staff had signed in on the relevant days. The manager explained how they calculated staffing levels and gave us a copy of their most up to date calculation tool. They said people's safety was not compromised as a result of unexpected staff absence and told us staff were willing to cover shifts when required but if needed, agency staff were used. Processes were in place to ensure agency staff were aware of what was required of them during their shift. The manager told us to ensure a consistent and safe level of care was provided, the same agency staff member would be requested but sometimes this was not always possible. Throughout the inspection we observed staff supporting people safely in accordance with their needs and call bells were normally answered quickly.

We found appropriate recruitment procedures had been followed, including application forms with full employment history, experience information, eligibility to work and reference checks. Before staff were employed the provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of its recruitment process. Nurse PIN numbers were regularly checked by the provider. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. These checks are used to assist employers in making safer recruitment decisions. Where staffing issues had been raised and disciplinary procedures had been implemented, the provider had followed their procedures fully.

Good

Is the service effective?

Our findings

At the last inspection on 18 August 2014 we found people were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Therefore not all regulations were being met. The provider sent us an action plan describing what they were going to do to rectify this. At this inspection we found they had completed their actions and the regulations were now being met.

People who used the service told us they were happy with the quality of the staff. One person told us, "They're a fine bunch." Another person said, "It's lovely living here, so pleasant, the staff are efficient and the food is good." A relative we spoke with told us, "I like the staff here, you can't fault them. My [family member] tells me they are happy here."

People's needs and preferences were met by staff who were supported to carry out their role effectively. Staff told us they received a full 12 week induction and regular training such as dementia awareness and equality and diversity which enabled them to be more aware of each person's individual needs. A member of staff we spoke with told us, "I feel really supported in my role. I have had lots of training including dementia awareness." Staff received a range of training which included the provider's mandatory subjects such as fire safety, food hygiene, moving and handling, dementia awareness and safeguarding and we were given a list of booked on-going training. There was a list of first aid appointed people displayed within the service. Staff told us recent training had taken place to ensure there was always an appointed first aider in the building. We checked staff names on the list and confirmed there was a first aid appointed person on duty throughout the inspection.

Regular supervision and yearly appraisal of staff's work was undertaken by the management team and any concerns with staff performance were either discussed on an individual basis, or where the issues were uniform across the staff team, during staff meetings. Minutes of staff meetings were recorded and evidenced that staff were encouraged to contribute to the discussions.

We reviewed the care records of seven people to check whether the provider had ensured that where required, an assessment of a person's capacity was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to

make informed decisions on their own, about the care and support they received. We saw these had been completed in a number of areas such as whether a person required assistance with maintaining their personal hygiene. The staff we spoke with could explain how they used the MCA to ensure people were involved in decisions made about their care.

We observed staff interact with people and they showed a good understanding of people's needs and their ability to give consent to decisions about their care. The manager could explain the processes they followed when applying for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within the home. They told us they had DoLS in place for 10 people. We reviewed the documentation and saw the provider adhered to the terms of these agreements.

People were effectively supported to have enough to eat and drink by staff. We observed breakfast and lunch during our visit and saw there was a suitable choice of fresh and appetising foods available for people to choose from. The atmosphere during mealtimes was relaxed and choices were clearly explained to people. Nutritional risk assessments had been completed which identified if people were at risk of fluid imbalance or malnutrition. They reflected the level of support people required when eating and drinking. Where people were identified as being at risk of fluid imbalance or malnutrition, food and fluid charts were in place to help staff monitor how much people were eating and drinking.

We spoke with kitchen staff about special diets, such as how they catered for diabetics and people identified as having swallowing difficulties. Their responses showed they had a good

understanding of people's dietary needs and how to meet them. Kitchen staff told us they were dedicated to making sure people were happy with the food they made for them. Staff told us menus changed with the seasons and people contributed to the discussions in helping to compile the menus.

Good

Is the service effective?

The majority of people spoke positively about the food provided. Comments included; “Food is good”; “I am more than happy with the meals prepared”; “Food is adequate”; “Meals are nice”; “They are quite tasty.”

During the lunchtime meal we noted people’s positive reaction to the food they were given and their interactions with staff. Staff gave people meal options and if people did not want what was offered they could request an alternative. People’s dietary needs were catered for and if they required support with eating and drinking this was provided. Assessments of people’s ability to swallow their food safely were conducted and where required, referrals to external professionals such as dieticians or speech and language therapists had been made. People received support in line with professional guidance when a risk had been identified.

People were provided with information about their day to day health needs. All of the people we spoke with told us they had access to health care professionals, such as, opticians, dentists, GP’s and chiropodist. They told us the service provided transport for hospital appointments. The manager told us when people required an appointment externally, a member of staff would go with them to support and offer advice or guidance when it was needed.

Some people had ‘do not attempt cardio-pulmonary resuscitation’ (DNACPR) orders in place. Where this was the case we saw these had been completed appropriately in consultation with a

relevant healthcare professional and discussed with the person or their family. We spoke with staff who were aware of the DNACPR decisions and that these documents must accompany people if they were to be admitted to hospital.

The provider told us they responded to people’s individual needs by ensuring the service had been developed so people could move freely if they were using a wheelchair or stand aid. We saw people move freely around the service both with the support of staff, or independently.

Good

Is the service caring?

Our findings

People consistently told us the standard of care provided was good. They said staff were very caring and treated them with dignity and respect. One person said, "It's lovely living here, so pleasant and staff are most caring." Another person told us, "They (the staff) treat us with respect." Another person said, "The staff are good, they listen and they are respectful." A relative said "They are absolutely fabulous, they have taken the worry away for me". People also told us they felt settled and comfortable living at the home. One person said, "It feels like my home now."

One person told us when her family visited they were given a room where they could meet and chat. Visitors told us they felt relaxed whenever they came to the service. They told us the atmosphere was 'nice and welcoming'. We saw staff spoke with visitors and helped to make them feel welcome. One relative told us, "I can come whenever I want without a problem." Friends and relatives told us they could visit at any time, but they were asked to avoid mealtimes to avoid distractions for people and staff.

People had personalised their bedrooms. We saw pieces of furniture, pictures and other items were on display in many of the bedrooms, and people had chosen items personal to them.

During lunch we observed a good rapport between staff and residents and a caring, empowering approach was being adopted by staff. Staff knocked on people's bedroom doors before entering and we heard staff shouting out to alert people of their presence before they walked in.

People told us the staff treated them with dignity and respect. One person told us, "They [staff] don't look down on you." Another person told us they were assisted to be as independent as possible, but if they needed assistance they said, "They [staff] will go to my room and fetch things for me." We observed staff interact in a kind and caring way with people throughout the inspection. We saw one member of staff compliment a person after they had just had their hair done and the person was clearly pleased with the positive comment. Staff spoke gently with a person about how they were feeling whilst they were assisting them in their wheelchair. Staff knew people's likes and dislikes and care records reflected this. Staff interactions with people showed they knew them well and that they cared about their well-being.

Information to support people and their families was available in the reception area and in other parts of the service. For example, first aiders, complaints procedures, advocacy information, 'residents rights', activities, meeting dates and general provider information. We saw booklets to support 'carers, relatives and friends' with communication difficulties for people living with dementia.

Information was available on advocacy services although at the time of the inspection no person required the use of this type of organisation. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Good

Is the service responsive?

Our findings

At the last inspection on 18 August 2014 we found care was not always planned and delivered in line with people's individual needs and therefore not all regulations were being met. The provider sent us an action plan describing what they were going to do to rectify this. At this inspection we found they had completed their actions and the regulations were now being met.

One person said, "If I notice a change in my care needs I tell staff and we change the care plan." Another person said, "Staff know exactly what I need and how to help me." One relative said, "The staff are marvellous, they see to [person's name] every need."

People had been assessed when they first moved into the service and details were collected about their health and personal history, including information about their families. People's needs had been identified, including mobility, personal care, communication and medicines. There had been concerns noted from a local authority monitoring visit that people's history was not always recorded. From the records we looked at, they all had full histories in place.

People were involved with the process of setting up their care plans and where appropriate relatives or other appropriate representatives were consulted. A relative said, "I am always involved with the decisions about my [family member's] care." Another relative told us he believed his wife had been involved in her mother's care plan. Care records showed people contributed to regular reviews and assessments of their care and support. For example, we saw a person had attended a review about how they could maintain as much of their independence as possible when mobilising around the home. We observed staff support this person when they moved around the home in line with instructions in their care plan. They were encouraging and supportive and ensured the person was in control of what they wanted to do.

During the inspection a review of one person's care and support took place. The person was fully involved, along with relatives, staff and professionals. The provider used an electronic system to record people's details as well as holding hard copies. The electronic system called 'Caresys' flags up when record reviews are due and when they have been completed. This meant that staff were better able to monitor people's care records and ensure their needs were being met. We noted that hard copies of people's records did not always have full copies of electronic information and visa versa.

We asked staff about how people's personal care was recorded and we were shown the records. We found it was not always clear how they ensured people had received personal care, for example, a bath. During the inspection the manager confirmed a new 'bath or shower' chart had been implemented to show this information clearly.

Staff handovers took place at the beginning of each shift. Staff explained that during handovers each person was spoken about and any changes in their care needs were discussed. This ensured staff could provide responsive care. We looked at the handover book and saw a written record existed of key issues which had been passed on to incoming staff. The written report was expanded upon during the verbal handover.

During our inspection we observed only a handful of people using the lounge areas within the service. Lounges had TV's, radios, CD players and a range of books and games. There were two budgies in the upper lounge for people to interact with if they so desired. When people first came to the service their personal interests, preferences and hobbies were discussed with them. We spoke with the activities coordinator who had just been appointed to this position within the last week. They showed us a plan of activities for each week which they had devised with the help of people and staff at the service. The activity plan included, light exercise, choir practice, home baking, flower arranging and glass painting. They confirmed it was important to get people involved in as much as possible at the service. The manager confirmed there had been a gap with activities while the new member of staff was appointed, but said it was 'in hand' now. On the second day of our inspection we saw craft activities taking place and more people were out of their bedrooms and involved in conversations or listening to music in lounge areas.

There was a sweet dispensing machine in the reception area, which was available for people, relatives, staff and visitors to use. One staff member told us, "You need money to get the sweets out but it is a nice idea, I think it is mostly used by children who visit." A relative told us the sweet

Good

Is the service responsive?

machine had been there for a while and had been installed to enable people and their visitors to purchase a selection of confectionery if they so wished. They said, "It's a good idea if you have grandchildren to entertain too".

People were encouraged to raise complaints. We saw the manager responded to complaints in a timely manner. We saw five complaints had been recorded and effectively dealt with. Staff were able to confirm this when we asked them. The people we spoke with did not raise any concerns with us in relation to the complaints process or how complaints were handled by the manager. The complaints procedure was displayed throughout the service for people, relatives or visitors to the service.

People told us they had the choice to do what they wanted, including getting up at a time that suited them and having meals in the room of their choice. For example, people could eat in the dining room, lounge or their own bedrooms. One person said, "I like to get up late, I should be able to at my age." Another person told us they wanted their wardrobe tidied up as they felt their clothes had become a mess. We brought this to the attention of the manager who said she would see staff helped the person straight away.

Good

Is the service well-led?

Our findings

At the time of the inspection there was an interim manager in place at the service and a deputy manager. The post of registered manager had been recruited to. However, we were told the person who had initially accepted, had recently declined the offer and the provider was interviewing again. On the last day of the inspection we were told by the manager the interviews had taken place and there was a suitable candidate. People told us the interim manager was good. One person told us, "She is nice, she always says hello and asks how I am." A relative told us, "I wish she was staying on here, she has been very good." Staff told us the manager or deputy manager were always available to discuss any issues.

The providers 'values' were on display in the service. We asked one member of staff what they thought the values of the service were. They told us, it was about involving people, person centred care, diversity and making sure people were happy. They may not have used the exact words displayed, but they certainly had a very good awareness of the values of the provider.

The manager told us when mistakes were identified they ensured the staff member was made aware of the mistake and how they could improve. They told us that if required, they addressed the mistakes with all of the staff during team meetings in order to ensure people's safety was not placed at risk by staff committing the same mistake again.

Records showed staff meetings were held regularly. Notes from meetings showed issues such as staff vacancies, care plan audits, quality of food, admissions and training were all discussed. When speaking with staff it was clear they understood their roles and the level of care they were expected to provide. Staff told us they worked together as a team and were committed to provide good quality care. Pictures of staff receiving awards from their National Vocational Qualifications level 3 in health and social care were on display showing the provider appreciated staff who showed commitment.

Monthly monitoring reports were completed by the manager. These included checks on the number of people with skin damage, safeguarding incidents, any choking incidents and numbers of infections. These were monitored for trends and were issues were identified these were acted upon. There were audits and checks on medicines, care plans, supervisions, infection control and general health and safety issues. Action plans had been drafted to rectify any concerns identified. Although audits were in place for medicines, these were not yet fully robust as the provider had not found the issues we identified during our inspection. The manager told us they would review the medicine audits immediately.

The provider completed regular monitoring visits to the service, carrying out checks on staffing, complaints and cleanliness for example. Where issues were identified action plans were put in place with dates for completion. These were monitored at every following visit by the provider, and in between these times by the manager.

We saw there were strong links with the local community. For example there were regular visits from a local ladies group who used the service to facilitate regular group meetings. A visiting GP was in attendance on the day of the inspection and although we were unable to speak with them, it was clear they had a good rapport with the manager and staff at the service.

Surveys conducted in 2014 were on display in the reception area showing action priorities, areas for attention and strengths. 20 people had completed the survey. We noted 100% of people were happy with the way complaints were dealt with and 100% of people were happy they could participate in activities and that the service was clean, tidy and safe. 78% of people agreed they had a 'real say in how staff provide care and support to me', and we noted this was an increase from the previous year of 11%. We discussed this with the manager who told us this was being addressed through training, meetings and reviews and that they hoped to raise this percentage further.

People who lived at the service had regular meetings and they were displayed on the communal notice boards within various areas of the service with a list of forthcoming dates. We noted 12 people had attended the meeting on 30 January 2015 and minutes were displayed showing a range of discussions had taken place, including, activities, staff leaving, safeguarding and food.

Two relatives said they were not aware of relative meetings. However, there were copies of the minutes of relatives meetings clearly displayed in the reception area. Discussion topics included, dependency levels, Deprivation of Liberty Safeguards and activities. There were contact numbers available for the chair of the meeting and other

Good

Is the service well-led?

members. Interested parties were asked to contact these group members for further information. We noted work was due to commence on the footpath leading from the premises and saw this had been raised as an issue and discussed at previous relatives meetings. This meant the provider listened and acted on the views of relatives to improve the service.

Relatives of people living at the service had designed a newsletter about the service and we were shown the first draft by the manager. It was going to be called 'Manor Times'. The information we were shown included items, such as, updates on the service, quizzes, staff recruited to the service and staff leaving.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not always administer medicines as prescribed or follow safe practices in the management of medicines. Regulation 12 (g)